

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. Docket Number
10001415
PATENT APPLICATION FEE DETERMINATION RECORD
 Substitute for Form PTO-875
CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY	OTHER THAN SMALL ENTITY
				RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**	=	
Independent (37 CFR 1.16(b))	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

3/10/05

(Column 1) (Column 2) (Column 3)

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY	OTHER THAN SMALL ENTITY
				RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	5	Minus	20	=	
Independent (37 CFR 1.16(b))	1	Minus	3	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

AMENDMENT B

(Column 1) (Column 2) (Column 3)

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY	OTHER THAN SMALL ENTITY
				RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	5	Minus	20	=	
Independent (37 CFR 1.16(b))	1	Minus	3	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

AMENDMENT C

(Column 1) (Column 2) (Column 3)

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY	OTHER THAN SMALL ENTITY
				RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**	=	
Independent (37 CFR 1.16(b))	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Application or Document Number
10/601415

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875						
CLAIMS AS FILED - PART I (Column 1) (Column 2)			SMALL ENTITY	OTHER THAN SMALL ENTITY		
FOR	NUMBER FILED	NUMBER EXTRA	RATE	RATE		
BASIC FEE (37 CFR 1.16(a))			\$ _____	\$ _____		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	•	X \$ _____ =	X \$ _____ =		
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	•	X \$ _____ =	X \$ _____ =		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ \$ _____ =	+ \$ _____ =		
			TOTAL	TOTAL		
* If the difference in column 1 is less than zero, enter "0" in column 2.						
CLAIMS AS AMENDED - PART II						
(Column 1) (Column 2) (Column 3)			SMALL ENTITY	OTHER THAN SMALL ENTITY		
AMENDMENT A	3/10/05	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(d))	•	Minus	•	X \$ _____ =	\$ _____
	Independent (37 CFR 1.16(b))	•	Minus	•	X \$ _____ =	\$ _____
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			+ \$ _____ =	+ \$ _____ =	
			TOTAL ADD'L FEE	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)			SMALL ENTITY	OTHER THAN SMALL ENTITY		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(d))	•	Minus	•	X \$ _____ =	\$ _____
	Independent (37 CFR 1.16(b))	•	Minus	•	X \$ _____ =	\$ _____
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			+ \$ _____ =	+ \$ _____ =	
			TOTAL ADD'L FEE	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)			SMALL ENTITY	OTHER THAN SMALL ENTITY		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(d))	•	Minus	•	X \$ _____ =	\$ _____
	Independent (37 CFR 1.16(b))	•	Minus	•	X \$ _____ =	\$ _____
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			+ \$ _____ =	+ \$ _____ =	
			TOTAL ADD'L FEE	TOTAL ADD'L FEE		

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

16770

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	14	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	14 minus 20 =	*
INDEPENDENT CLAIMS	2 minus 3 =	*
MULTIPLE-DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	375.00	BASIC FEE	750.00
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL		OR TOTAL	

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Independent	Minus	** =

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Independent	Minus	** =

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

ADDITIONAL FEE

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Independent	Minus	** =

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

ADDITIONAL FEE

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.